STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179

> FAX: 287-6775 Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME 1 M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

FULL NAME:	ALAN MICHAEL	CASAVANT	Please the Dis	check the appropriate box and fill in trict number.
MAILING ADDRESS:	22 Meetinghou	se Rd		'
CITY:	Biddefond			Member of the Senate, District
ZIP CODE:	04005			
PHONE NUMBER:	2844690			Member of the House, District 137

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- 2. The report covers you, your spouse, and your dependent children.
- Report only specific sources of income. <u>Dollar amounts need not be listed.</u>
- Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.
- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR FILE	ES.
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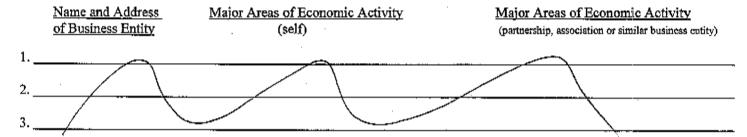
Disclosure statements are made available to members of the public upon request.

Thank you for your cooperation.

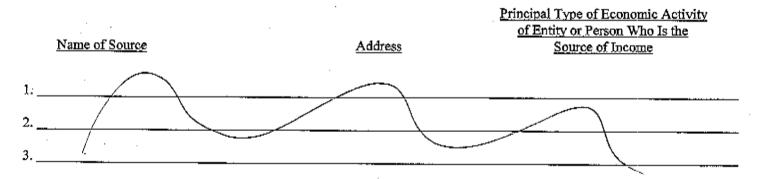
PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

Name of Employer	<u>Address</u>		<u>pe of Economic</u> <u>f Employer</u>
1. Biddeford School	Dept Main ST	Biddeford	Education
2	, ,		· · · · · · · · · · · · · · · · · · ·
3			

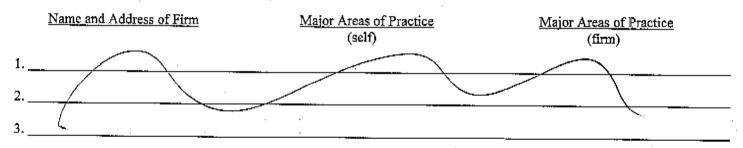
A. Enter the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.



B. Name each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.



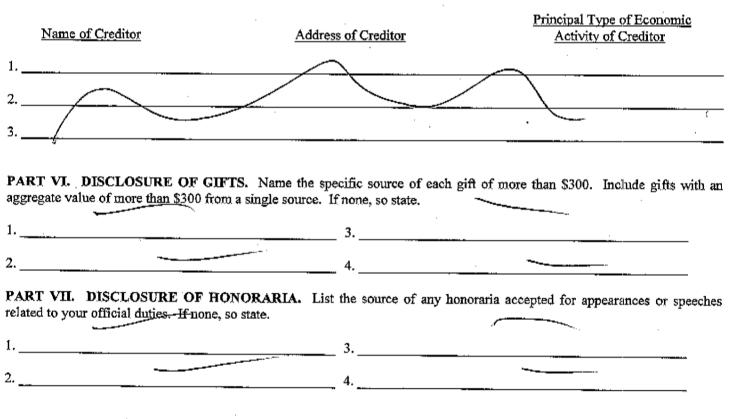
PART III. MAJOR AREAS OF PRACTICE. (For Legislators who are attorneys-at-law only.) List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.



PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

	Name of Source	<u>Address</u>	Kind of Income
1."_	Elleral Jones	Konnebull, N	U ANNUTY
2	u u	1000	Stool
3			

PART V. DISCLOSURE OF REPORTABLE LIABILITIES. List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major areas of economic activity of each creditor. Do not list loans from a relative. If none, so state.



PART VIII. REPRESENTATION BEFORE STATE AGENCIES. Identify each executive branch agency before which you represented or assisted others for compensation of any amount. If none, so state.

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RT X. INCO	ME RECEIVED BY MEMI	BERS OF IMMEDIATE	FAMILY.
d(ren) during	conomic activity representing of the reporting period and the ki by spouse and (D) beside source	ind of income represented.	1,000 or more received by your spouse or depend Do not include gifts. Indicate (S) beside sources dependent(s).
	omic Activity Each Source of		•
Income F			Kind of Income
	•	•	
1	W		
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			rime. If the Commission concludes that i
			it shall refer its findings of fact to the slator has willfully failed to file a require
			or shall be presumed to have a conflict of
			on any question in committee or in cithe
nch of the I	Legislature, and shall not	t attempt to influence t	the outcome of any question. A Legislato
willfully f	ails to file a required stat	tement is subject to a c	ivil penalty not to exceed \$1,000, payable
State and r	ecoverable in a civil action	on. (1 M.R.S.A. § 1019	?)
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	Signature	111111111111111111111111111111111111111	Date